TRICARE South

Regional Newsletter

Dedicated to enhancing the exchange of information within the region

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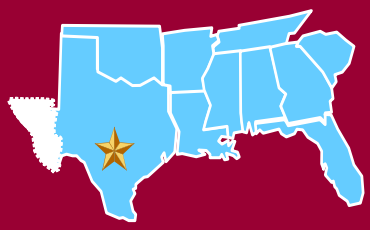

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CONTRACT LIAISONS AND PERFORMANCE MANAGEMENT

By Mr. Michael Gill, SES
TRICARE South
Regional Director

In Apr 2004, RADM Mayo stated "There is a need for a single point of contact to facilitate problem resolution and decision-making between the MTF and the TRICARE Regional Offices (TRO). Because of this, the role of the contract liaison (CL) was established.

The following establishes important areas of contribution for the CL's:

- Serve as an MTF functional expert on provisions of the managed care support contract (MCSC) and all applicable TRICARE manuals.
- Liaison with MTF, TRO and MCSC's. Establish professional and functional relationships with TSC staff members.
- Work to resolve issues at the facility level and use best judgment for elevating issues/problems to MTF Commander and the TRO.
- Provide input to the MTF Commander regarding the Quarterly Award Fee "Commander's Satisfaction Survey".
- Maintain records to document issues forwarded to the TRO.

From the very beginning of the current MCSC, TMA has realized the critical role the contract liaison has in managing performance and contributing to the overall success of the contract. Time and experience have only reinforced the value and importance of the contract liaisons. At the TRO we see this every day. Every staff member here keeps a list of CL contact information and uses the list frequently.

The CL's have become a key point of entry to the MTF command and staff structure for questions, sharing and gathering of information and problem resolution. Conversely, CL's frequently contact TRO staff for assistance, contract guidance, issue resolution and contract-related actions. This day-to-day interaction plays an important role in performance management.

The bottom line is this: The CL function is important. They contribute significantly to the overall success of the TRICARE program.

Keep up the good work!

TRO-S Marketing and Education
Commercial: 210-292-3278 DSN:554

A SALUTE TO: Lt Wendy Moreno

Lt Wendy Moreno serves as the TRICARE Operations Element Chief at the 2d Medical Group at Barksdale AFB LA. She has been a fabulous patient advocate and TRICARE champion for Barksdale's 18,000 enrollees. She developed and implemented an intensive marketing campaign to educate our beneficiaries on proper utilization of the emergency room and urgent care centers. This marketing initiative including briefings to all base units (over 20), spouse groups, First Sergeant's Council, Wing Top 3, etc. It also included articles in the base paper, retiree newsletter, and base bulletin as well as a mailer to over 10,000 Barksdale Prime households. Her efforts to educate patients on how to properly access care in emergent and urgent situations have paid huge dividends. Our patients are better informed and Barksdale's ER usage is now appropriate. In addition, Lt Moreno has been a champion for consult results from network referrals. She has improved the education level of network providers to ensure consult results were sent to the right location the first time. Her plan to distribute network results within the MTF has ensured that MTF providers can make quicker care decisions. Her extensive knowledge has led to fantastic improvements in consults return rates and ironed out deficiencies for urgent and stat consult returns.

Her leadership and drive are infectious and Barksdale AFB, TRO-S, HMHS, and our 35,000 eligible patients are better served because of her outstanding efforts.

"People may not remember exactly what you did, or what you said, but they will ALWAYS remember how you made them feel."

– Author Unknown

HAVE SOMEONE YOU WOULD LIKE TO RECOGNIZE?

Beginning this edition of the TROS newsletter, a special section has been dedicated to highlighting a special program, individual, or MTF from within the TRICARE South region. This new section is called "A SALUTE TO…" Our first "Salute" goes to Lt Wendy Moreno.

The purpose of the new "SALUTE TO…" section is to enhance awareness of special interest items and exceptional staff members within our region. There is always someone who has an interesting story or background to share, someone who has done something that is noteworthy, exceptionally important or who was awarded an honor of distinction. Examples of special or unique programs, best practices or benchmarking items can also be submitted. Another topic to focus on is marketing our MTF's within the region (history, accomplishments, mission, etc.) Please include a picture (jpeg format) to go along with any article that is submitted. All submissions will be kept on file for future TROS newsletter editions.

We hope this new addition to our TROS newsletter will enlighten our MHS staff within the region with stories that are motivational and interesting. If you have any questions, please feel free to call DSN: 554-3278 or commercial (210) 292-3278. Submissions can be sent directly to TROS_Marketing@tros.tma.osd.mil

UPDATE: HEALTH CARE CHOICES FOR COMBAT VETERANS

By Ron Johnson, VA/DoD Initiatives/Liaison

DoD offers both the Transitional Assistance Management Program (TAMP) and the Continued Health Care Benefit Program (CHCBP) for veterans and their family members, whereas VA offers hospital care, medical services, and nursing home care to recent combat veterans, but not their respective family members (unless they are otherwise eligible for CHAMPVA benefits).

There are distinct differences between DoD and VA health care benefits. First, DoD benefits extend to both the veteran and their eligible family members, whereas VA benefits typically extend only to veterans. Secondly, enrollment in a DoD health plan may subject veterans/family members to premiums, deductibles, cost shares/co-pays, whereas enrollment in the VA is virtually free for two years after the date of discharge – and possibly for life (as determined by the Veterans Benefits Administration (VBA). Finally, DoD may limit health benefits in accordance with each respective program's rules, whereas VA will provide or pay for most non-experimental, medically-accepted health services related to a service-connected condition.

VHA Directive 2002-049, Establishing Combat Veteran Eligibility, September 11, 2002, has been replaced by VHA Directive 2005-020, Determining Combat Veteran Eligibility, June 2, 2005. Once combat veteran eligibility is determined, Combat Veterans Are Eligible for Medical Services for 2-Years After Military Service, September 11, 2002, outlines VA's temporary health eligibility program.

Since combat veterans are eligible for both DoD and VA health benefits, some confusion has resulted about which benefit an individual should choose. Further complicating matters, all VA Medical Centers in the TRICARE-South Region have become or will soon become, TRICARE Network Providers, so VA employees may be confused about whether a combat veteran is seeking care as a TRICARE beneficiary or a VA-designated combat veteran. Also, the U.S. Army has created a relatively new program, Community Based Health Care Organizations (CBHCO), of which VA Medical Centers participate, and that creates other operational issues for DoD and VA health care programs.

A question which is often asked is, "Can a combat veteran be eligible and enroll in both a DoD health plan and the VA?" The answer is, "Yes." However, if that occurs, then VA Medical Center staffs must be notified as to whether an individual is seeking health care as a "TRICARE beneficiary" or a "VA-eligible" combat veteran. This distinction is important as it will determine how the veteran accesses the VA, whether the veteran is billed, and how much he/she is billed.

Shortly, the VA will be implementing a new directive outlining care for ADSMs. In general, an ADSM is subject to all the rules of the TRICARE program, thus the VA will require referrals/authorizations before scheduling appointments within their respective medical centers/clinics – even if the ADSM was in a combat zone. In accordance with their respective TRICARE contract or national/local sharing agreements, VA Medical Centers will bill TRICARE, the respective Service, or the MTF for health services rendered. VA Medical Centers will be mandated to comply with TRICARE policies/rules and ensure sharing agreement requirements are followed. Even if an ADSM with qualified combat experience requests care from VA for combat-related conditions, they will be asked to coordinate their care through their PCM or assigned DoD case manager. Lastly, most VA Medical Centers are not authorized to fill outpatient prescriptions for TRICARE beneficiaries. Therefore, local MTFs or TRICARE Retail Pharmacies should fill prescriptions written by VA providers.

For more info: www.va.gov or call: (210) 292-3232.

TRAINING AND CONFERENCES

TRICARE SOUTH REGIONAL COMMANDER'S CONFERENCE

The first TRICARE South Regional Commander's Conference will be held in San Antonio, Texas, at the Wyndham St. Anthony Hotel on 25-27 October 05. At this time the actual attendance for the conference has not been determined and will be announced at a later date. TDY costs will be the responsibility of the attendee's organization. Additional information will be forthcoming as the agenda and further details are finalized for the event. If you have any questions, please call (210) 292-3278.

MEDICAL MANAGEMENT COURSES

July 26 - 28	Medical Management in Today's TRICARE Environment	San Diego, CA
July 29	Medical Management for Providers	San Diego, CA
August 8	Medical Management for Providers	Honolulu, HI
August 9 - 11	Medical Management in Today's TRICARE Environment	Honolulu, HI
August 12	Medical Management Decision Support Tools: InterQual Criteria and Milliman Guidelines	Honolulu, HI
September 6 - 8	Medical Management in Today's TRICARE Environment	Ft. Belvoir, VA
October 18 - 20	Medical Management in Today's TRICARE Environment	Tacoma, WA

For further details, and sign-up, please go to the TRICARE University website at http://www.tricare.osd.mil/conferences.cfm.

TIP AD HOC AND TIP ONLINE TRAINING - for authorized users only

A tentative schedule through the end of 2005 for TIP Online and TIP Ad hoc training is listed below. Before each class an email will be sent out asking for attendee submissions. Please make sure that all attendees scheduled for future training sessions meet the criteria outlined in the contract to attend the training. TIP Ad Hoc users/attendees are limited to two per MTF and are those staff identified in your MOU. TIP Online users/attendees are those personnel that serve in a BCAC or HBA capacity. You may have more than two per facility for the Online course but they must function as a BCAC or HBA. If you have any questions, please call (210) 292-3278//DSN: 554-3278.

TIP Ad Hoc:
August 24 08:30 - 3:30 pm San Antonio
November 16 08:30 - 3:30 pm Augusta

Attendee Max Per Location:
San Antonio - 24 Seats available
Augusta - 12 Seats available

TIP Online:
August 25 8:30 - 11:30 San Antonio
November 17 8:30 - 11:30 Augusta

NEW TROS ONLINE TRAINING SITE COMING SOON

The TROS customer service branch has been working to develop a region-wide training site on the TRICARE South regional web page. This site will feature training announcements, a brief description of each course and the target audience and a feature to sign-up online. If you have courses you would like posted on the site, please call us at 210-292-3278. Further details will be provided once the site is up and running.

2005 TRICARE COMMUNICATIONS AND CUSTOMER SERVICE CONFERENCE "BUILDING BRIDGES"

This conference is essential to all BCACs, HBAs, DCAOs and marketing representatives. It will be held in Arlington, Virginia, on 2-5 Aug 05. Online sign-up and additional information can be obtained at http://www.tricare.osd.mil/ccsconference/2005/default.cfm**.**

CONFERENCE OBJECTIVES: To support TRICARE communicators and customer service representatives in continuing their excellent service to beneficiaries by enhancing and strengthening customer service, communications, marketing, training/education and web skills. This conference devotes time to better comprehension of the TRICARE Reserve Select Plan.

TARGET AUDIENCE: Representatives of the Military Health System from the Active and Reserve Components involved with communications/public affairs, marketing, Web, TRICARE training and education, and customer service, to include: Beneficiary Counseling and Assistance Coordinators (BCACs), Health Benefit Advisors (HBAs), Debt Collection Assistance Officers (DCAOs), Contract Representatives, Family Support personnel, National Guard/Reserve Unit Representatives, and other personnel who have TRICARE outreach responsibilities.

TRICARE FUNDAMENTALS COURSE

The **TRICARE Fundamentals Course** is an entry-level 3-day course designed for those personnel involved in providing TRICARE assistance and counseling to beneficiaries. Major topics for this course include TRICARE eligibility, medical benefits, Reserve Component benefits, transitional benefits, pharmacy, dental, claims and appeals, and customer service. **Funding** for attending this course is the responsibility of the student's unit, agency, or service. Central funding is not available.

August 16 - 18	Washington, DC
October 4 - 6	Portsmouth, VA
October 18 - 20	San Diego, CA
November 1 - 3	Dallas, TX

Sign-up can be accomplished at http://tricareu.tricare.osd.mil/trainingsched.htm.

RESOURCES FOR POST TRAUMATIC STRESS DISORDER (PTSD) AND BEREAVEMENT By Ron Johnson, VA/DoD Initiatives/Liaison

It's unfortunate, but many of us will experience at least one extremely traumatic event in our lives: a violent personal assault, the destruction of innocent lives by terrorists, natural disasters, and the list goes on. Although each of these events touches most of us indirectly, there are those who are directly confronted with the experiences, memories, and emotional pain for many years - if not forever.

During times of conflict and war, our nation's service members, and sometimes their family members, are exposed to traumatic events that leave them particularly vulnerable to Post Traumatic Stress Disorder (PTSD). This condition or syndrome usually results when a trauma survivor is unable to get the event or question out of his/her mind and there is a failure of restitution of the normal stress response. Symptoms of PTSD may be present almost immediately, other times they are delayed for months or years.

The Department of Veterans Affairs (VA) created the National Center for PTSD in 1989 in response to a Congressional mandate to address the needs of veterans with military-related PTSD. Its mission is to advance the clinical care and social welfare of America's veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. According the VA's PTSD website (http://www.ncptsd.va.gov/):

- An estimated 7.8 percent of Americans will experience PTSD
- Women (10.4%) are twice as likely as men (5%) to develop PTSD
- About 3.6 percent of U.S. adults aged 18 to 54 (5.2 million people) have PTSD during the course of a given year
- 60.7% of men and 51.2% of women reported at least one traumatic event
- Traumatic events most often associated with PTSD for **men** are rape, combat exposure, child hood neglect, and childhood physical abuse
- Traumatic events most often associated with PTSD for **women** are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse
- About 30 percent of the men and women who have spent time in war zones experience PTSD. An additional 20 to 25 percent have had partial PTSD at some point in their lives.

Bereavement, a state of sorrow over the death or departure of a loved one, is also a common symptom of traumatic events. While bereavement and PTSD can happen concurrently, grief reactions are different from trauma, and need to be recognized and supported differently.

Numerous resources exist for both service members and their respective family members who might be suffering from PTSD and other mental health symptoms. For active duty and their family members each Service has tools to help identify PTSD and bereavement symptoms and the resources to provide necessary assistance: Air Force OneSource (www.airforceonesource.com); Army OneSource (www.armyonesource.com), Marine Corps OneSource (www.mccsonesource.com); and Navy OneSource (www.navyonesource.com).

PTSD—continued

In addition to Service resources the Tragedy Assistance Program for Survivors (TAPS) is a national organization that offers a broad range of support, mentoring, and other services to those grieving the loss of a loved one whose death occurred while serving in the armed forces (www.TAPS.org or 800-959-TAPS).

Also, TRICARE offers mental health services as part of its health plan. For example, TRICARE beneficiaries (except active duty) may self-refer to a mental health provider, either at a military treatment facility or in the TRICARE civilian network, for up to eight outpatient visits without going through their Primary Care Manager. Authorization is required to continue civilian network care after the eighth visit and is initiated by the mental health care provider.

For additional information about TRICARE mental health benefits visit www.tricare.osd.mil. For veterans the most comprehensive PTSD care can be found at VA Medical Centers across the country. Both inpatient and outpatient mental health services are available at most VA hospital locations and outpatient services are available at many of VA's community based outpatient clinics. In addition to VA inpatient and outpatient services, Vet Centers assist war veterans and their family members by providing quality readjustment services in or near their respective communities. Also, Vet Centers offer bereavement counseling, which includes a broad range of transition services, such as outreach, counseling, and referral services to family members. Services are offered to parents, spouses and children of Armed Forces personnel who died in the service of their country to include family members of Reservists and National Guardsmen who died while on duty. Moreover, there is no cost for VA bereavement counseling. Services are obtained by contacting Readjustment Counseling Service at 202-273-9116 or via electronic mail at vet.center@hq.med.va.gov.

It is important to understand that mental health is a critical component of overall health. As a result, early mental health screening, assessment, and appropriate referrals are keys to maintaining a healthy lifestyle. For additional information about VA benefits, visit the VA website at www.va.gov or contact Mr. Ron Johnson, TRO-South Regional Liaison, VA-DoD Business Development, at (210) 292-3232.

Combat veteran is a specifically defined term. As a result, both VA health benefits and priority group status may differ for non-combat veterans. Content references available upon request..

DID YOU KNOW?

BEREAVEMENT COUNSELING - Many Red Cross chapters offer bereavement counseling through the Disaster Services Mental Health Care Program. Several chapters have opened up their facilities when a unit nearby has suffered losses. Grief counselors are available and volunteers staff the facility with coffee and other light refreshments, upon notification from the nearby unit. A great partnership with community-based military! If interested in learning more, contact your local American Red Cross Chapter (www.redcross.org).

TRICARE PRIME TRAVEL BENEFIT AND BENEFICIARIES WITH OHI

By MSgt Sherry Steindel, TRO-S Senior Enlisted Advisor

Dual eligible beneficiaries can enjoy the same access to the TRICARE Prime Travel Benefit as a beneficiary with other health insurance (OHI). The only three criteria used to qualify for this benefit are:

1. Must be enrolled into TRICARE Prime
2. Referred by the TRICARE Primary Care Manager PCM for specialty care
3. The specialty care is located at least 100 miles from the TRICARE PCM.

Because the managed care support contractor is not contracted to provide authorizations for enrollees with OHI the beneficiary is responsible for providing the referral to the TRICARE Prime Travel Benefit point of contact. Remember, once a beneficiary reaches 65 years old they are no longer eligible for TRICARE and are not authorized to utilize the Prime Travel benefit. For additional information please contact the TRICARE Regional Office South TRICARE Prime Travel Benefit point of contact at DSN 554-3228.

HUMANA-MILITARY HEALTHCARE SERVICES (HMHS) HEART FAILURE DISEASE MANAGEMENT PROGRAM

By Charlotte Haislip, Chief, Case Mgmt/Special Needs

ANNOUNCEMENT: On July 1, HMHS launched a new South-region-wide Disease Management program for patients with Congestive Heart Failure, or CHF. All TRICARE beneficiaries, including Active duty personnel, active duty family members, and non-Medicare-eligible retirees and their family members are eligible to enroll. Enrollment in Prime is not a prerequisite.

CHF is a condition in which the heart cannot pump enough blood to meet the needs of the body's other organs. The "failing" heart keeps working, but not as efficiently as it could. Some conditions which result in heart failure can be corrected, such as diseased heart valves however, in most cases, a cure is not possible. The goals of treatment are to reduce symptoms and to improve the patient's quality of life and functional status. Lifestyle modifications and drug therapies may be used to manage the effects of heart failure. Disease Management of CHF works to integrate effective medical care and lifestyle changes that have been shown to improve a patient's quality of life by reducing hospital and Emergency Room care for complications of CHF.

Program participants are assigned a Disease Manager whose interventions support the patient's treatment plan as established by their Primary Care Manager (PCM), increase beneficiary knowledge of and compliance with the primary care provider's plan of treatment, and improve the beneficiary's overall self-management skills necessary to manage their disease. The HMHS Heart Failure Disease Management Program is based on protocols and recommendations from American Heart Association, Centers for Disease Control and Prevention, National Institute of Health, and DoD/VA Guidelines for evaluation & management of heart failure.

HMHS nurses will identify candidates for the program through hospitalizations, which enable them to participate in discharge planning and to facilitate prompt referrals to the Heart Failure Disease Management Program. Following discharge, the Disease Manager can support the beneficiary through follow up period when interventions have greater potential for beneficial impact. Patients will also be identified via outpatient visits for which a diagnosis of CHF was listed.

DISENROLLMENT AS A RESULT OF CHANGE IN ELIGIBILITY STATUS

Section 3.1 of the TRICARE Policy Manual 6010.54-M outlines the issues associated with a sponsor's change in eligibility status. Generally, when a beneficiary's DEERS eligibility status changes, eligibility for TRICARE Prime benefits also change. An example of this policy is when a sponsor who is enrolled in the Transitional Assistance Management Program (TAMP) is recalled to active duty. The sponsor's dependants who are enrolled in TRICARE Prime will be automatically disenrolled effective the date the sponsor is called to active duty. The family will be treated as TRICARE Standard unless the sponsor re-enrolls them in TRICARE Prime.

It is very important for beneficiary counselors to remind active duty sponsors of the need to ensure their family members are properly enrolled to TRICARE Prime or TRICARE Prime Remote so they do not incur claims that have to be paid as TRICARE Standard.

The Defense Enrollment Eligibility and Reporting System (DEERS) should also be kept current. Personnel issues or eligibility in DEERS cannot be handled by a military treatment facility staff member. They can only be addressed at the service member's personnel center. For more information on DEERS and to ensure address information is current, the DEERS phone number is 800-538-9552 and the website can be accessed at http://www.tricare.osd.mil/deers/default.cfm.

ASSISTING RESERVE OFFICER TRAINING CORPS (ROTC) CADETS

By MSgt Sherry Steindel, TRO-S Senior Enlisted Advisor

Do you know how to assist a Reserve Officer Training Corps (ROTC) cadet or applicant with seeking civilian health care or claims information? Health Affairs has provided two policy letters addressing this topic. HA Policy 02-002, Physical Examinations for Officer Applications and HA Policy 03-008, Guideline for Reserve Officer Training Corps Cadets Seeking Care for Illness and Injury Incurred in the Line of Duty which can be found at http://www.ha.osd.mil/policies/default.cfm.

The Supplemental Health Care Program (SHCP) is based on 10 U.S.C. 1074(c), and this provision of the law provides no legal authority to use SHCP funds for treating ROTC Program applicants or cadets outside of a MTF. Please direct ROTC cadets to the Department of Labor as a Federal Employees Compensation Act (FECA) claim. The FECA specifically identifies benefit entitlements for members of the ROTC Training Corp in section 8140. You can view this information at http://www.dol.gov/esa/regs/compliance/owcp/laws/8140.htm.

HANDY RESOURCES

TRICARE Management Activity
www.tricare.osd.mil

TRICARE Customer Service for each region:
TRICARE South
1-800-444-5445
TRICARE North
1-877-874-2273
TRICARE West
1-888-874-9378
TRICARE Pacific
1-888-777-8343
TRICARE Latin America & Canada
1-888-777-8343
TRICARE Puerto Rico & Virgin Islands
1-888-777-8343
TRICARE Europe
1-888-777-8343

Miscellaneous:

TRICARE Active Duty Programs
1-888-DOD-CARE

TRICARE For Life Claims
1-866-773-0404
www.tricare4u.com

TRICARE Fraud and Abuse Hotline
1-800-333-1620

TRICARE Online
1-800-538-9552
www.tricareonline.com

TRICARE Pharmacy Programs - Express Scripts
1-866-363-8667/8779
www.express-scripts.com/

TRICARE Prime Remote (Active Duty Only)
MMSO
1-888-647-6676

Defense Enrollment Eligibility Reporting Systems (DEERS) 1-800-538-9552
www.dmdc.osd.mil/rsl

Medicare/Social Security
1-800-772-1213
www.medicare.gov/

Reserve Affairs
www.defenselink.mil/ra

Veteran's Administration
1-800-827-1000
www.va.gov

TRO-S INTRODUCES CUSTOMER COMMENT CARD

In an ongoing effort to better understand the needs of those we serve across the region, a TRO-S Customer Comment Card has been developed. This card will soon be posted on the TRO-S regional web page at http://tricare.osd.mil/trosouth/default.cfm.

Once the card is posted on the web, any beneficiary, provider or MHS staff member will have the opportunity to supply feedback on services provided by members of the staff at the TRICARE South Regional Office. The card is not intended to provide feedback for services provided at an MTF or with a network provider. It is also not intended for comments on other TRICARE-related general issues. It's primary purpose is to solicit feedback on how the individuals at the TRICARE South Regional Office are meeting the needs of those we are here to assist.

Feedback selection on the card is a simple process. The person submitting the comment will simply choose one of five options that most closely resembles the way the customer feels about their interaction with our staff or the services we offer. A section for written comments is provided, as well as a space for customers to request a call-back, if necessary.

The comment card will be tracked, all comments will be documented and feedback will be provided to each division chief and senior TRO-S leader. Not only is the online customer comment card a good way to hear how we are doing as an organization, but will also trend areas needing improvement. Staff recognition can also be accomplished when an employee is singled out on a comment card for excellent service.

BLANKET REFERRAL REQUESTS

By Gary McNeil, Chief, Network Operations

Hurricane season in the South Region is upon us as experienced by MTFs in Alabama and Florida the week weekend of 9/10 July. This type event when coupled with evacuation causes disruption in normal healthcare delivery operations and can result in your Prime enrollees experiencing increased out-of-pocket expense from Point-of-Service fees. However, the South Region Contingency Plan contains procedures where MTF commanders can request a blanket referral waiver through the regional director for a specified period of time.

During this period, Prime enrollees assigned to a designated DMIS ID will not be subject to the normal referral process. The intent is to facilitate access to specialty and urgent care services during periods where enrollees may have been displaced and unable to contact their PCMs for a referral.

MTFs that are not familiar with this request should review the contingency plan for more information. A copy of the blanket referral request form is on the next page of this newsletter. When needed, the completed form should be faxed to (210) 292-3222.

BLANKET REFERRAL REQUEST FOR PRIME ENROLLEES

Date of Request _____

Data items to provide to TRO South:

MTF Enrollment Site Name:_____

MTF Parent DMIS ID:_____

MTF Child DMIS ID (if applicable):_____

Date of Service for Blanket Referral to begin:_____

Date of Service for Blanket Referral to end:_____

Point of Contact for Questions:_____

Name:_____

Phone:_____

Email:_____

_____
MTF Commander's Signature

Approved/Disapproved

_____
Michael A. Gill, SES
Regional Director
TRICARE Regional Office South

MTF OPTIMIZATION DOLLARS – THE VENTURE CAPITAL PROGRAM

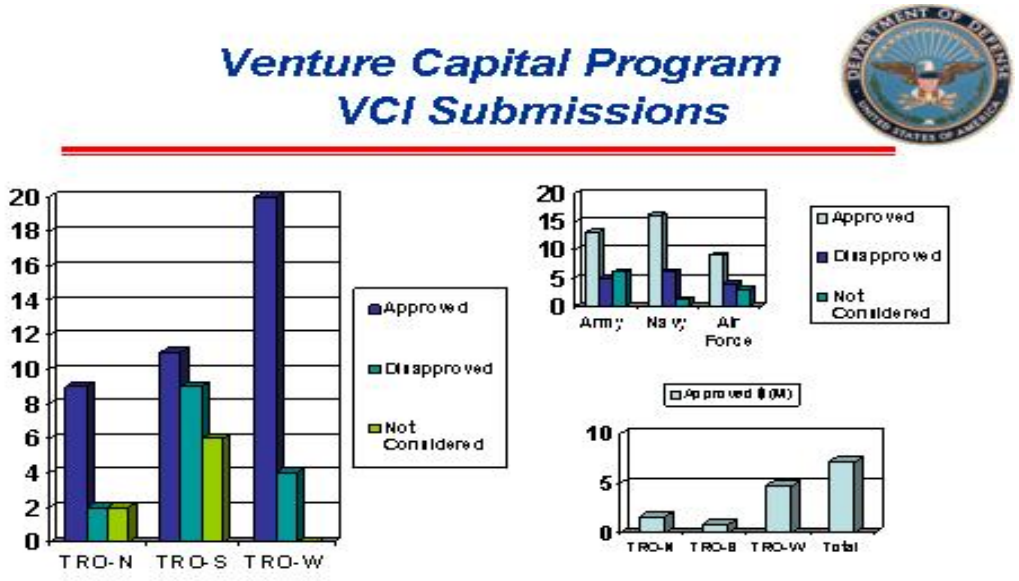
By Dave Ardner, Chief, Optimization and Initiatives

The objective of the Venture Capital Program is to further enhance the performance, productivity, and efficiency of healthcare operations in the Military Health System (MHS), by providing MTFs with investment dollars to assist the MTF with recapturing purchased care services within the MTF.

First a little background on the Venture Capital Program. Candidate VCIs are: Submitted either by MTFs, Multi-Service Market Offices (MSMOs) or TRICARE Regional Offices (TROs) evaluated and approved by the respective TROs. Terminated if performance is below acceptable thresholds or the VCI adversely impacts other MHS operations. Approval based on their return-on-investment (ROI) potential, probability of success, and alignment with MHS strategic objectives/Balanced Scorecard (BSC).

Venture Capital Initiative (VCI) Funding levels for this fiscal year are at $30M for the total Venture Capital program or $10M per CONUS TRO. Future funding levels are currently budgeted at: FY06-$34M, FY07-$35M, FY08-$36M, FY09-$37M, FY10-$38M, and FY11-$40M.

In summary, this is how the three TRICARE regions finished up on their FY05 Venture Capital programs this year, as well as which Services were the biggest recipients of these investment dollars.



Tips for success: Addressed below are some of the common reasons why some Venture Capital initiatives failed:

- Used CMAC, rather that historical Government paid rates were used which artificially inflated projected savings
- No cause and effect relationship between the initiative and private sector care savings
- Insufficient Return On Investment (ROI) or a payback beyond 36 months
- Projected savings were for a non-covered healthcare service or benefit under TRICARE

The final sanity check with any Venture Capital initiate is to ask yourself if you would invest your own investment dollars into this project, considering ROI, payback period and risk factors.

MTF OPTIMIZATION FUNDING

By Dave Ardner, Chief, Optimization and Initiatives

TMA has made it easier than ever to fund MTF optimization initiatives. TMA has developed three funding alternatives for resourcing MTF optimization initiatives. These three alternatives include:

- Venture Capital
- MHS Support Initiatives (MHSSI) Pilot Program
- FY 05 "Quick-Start Projects" Funding

Venture Capital - Intended for projects unlikely to produce a positive return on investment (ROI) during the first or second years, but no later than the 36 months after start. Target projects are those initiatives with relatively greater risk of demonstrating short-term success. The Venture Capital program will be administered by the three TROs using a process approved by TMA Deputy Director on January 28, 2005. This process includes an analytical tool for selecting projects and evaluating their results. The first Venture Capital initiatives were approved by the TROs in April 2005. TMA has initiated a process modification to integrate with Prospective Payment System (PPS) as the source of sustainment funding for successful projects.

Source of funds: Assistant Secretary of Defense (Health Affairs) venture capital funds ($30M in FY 05). Other considerations: MTFs have implementation latitude which could include direct contracting, clinical support agreements, internal staffing, etc.

MHS Support Initiatives (MHSSI) Pilot Program - TRO North and TMA-RM initiative with FY 06 start-up. The purpose of this program is to develop and demonstrate a process for funding MTF projects, in lieu of the previous internal resource sharing program. The successful initiative submissions must meet a first-year positive ROI. Target projects are those initiatives demonstrating returns in the first year, and that demonstrate strong likelihood of project achieving positive ROI soon thereafter. This program will be proposed to the TMA Resource Management Steering Committee (RMSC), on 16 June. The Private Sector Care Requirements & Integration (PSCR&I) at TMA is coordinating with a Service/TRO workgroup to develop funding process details. The initial pilot program will be administered by TRO North. TRO North and TMA-RM are currently developing a review process and analytical tool for this program. If this pilot proves successful, the MHSSI program will be extended to other TRICARE Regions.

Source of funds: Various sources. May include MTF private sector care funds in the first period. Sustainment funded beyond the first period through the Prospective Payment System (PPS). Other considerations: MTFs implement using direct contracting or clinical support agreements.

FY 05 "Quick-Start Projects" Funding - TMA-RM initiative to enable near-term demonstration of MTF ability to offset private sector care costs. The successful initiative submissions must achieve positive ROI in first year, or must demonstrate a strong first year trend toward positive ROI

This program will be administered by the three TROs. Since FY05 dollars will be used initially fund these initiatives, the TROs must quickly evaluate and approve acceptable projects proposed by the MTFs. Approved and funded initiatives must be started on or before 30 September 2005. Evaluation process will be left to the discretion of the individual TROs.

Source of funds: Unexecuted FY 05 venture capital funds and other (if any) FY 05 unexecuted funds held by TMA. Successful projects will be considered for follow-on funding under the MHSSI Program. Funded beyond the first period will be through the Prospective Payment System (PPS). Other considerations: MTFs have discretion to implement using what they assess to be the quickest and most effective means.

MILITARY ONESOURCE:
Frequently Asked Questions & Answers

What is Military OneSource? Military OneSource is a 24-hour, seven-days-a-week, toll-free information and referral service available worldwide to active duty, Reserve/National Guard military members and their families, and deployed civilians and their families. Additionally, if there is a need for face-to- face counseling Military OneSource can provide a referral for six sessions per issue with professional civilian counselors at no cost to the military or family member . Overseas, Military OneSource can help access those existing services provided through the Medical Treatment Facilities.

Is Military OneSource the same program as Army, Navy, Air Force and MCCS OneSource? Yes, Military OneSource is the parent program or umbrella over each specific branch OneSource program.

How do I access Military OneSource by telephone? Military OneSource can be accessed by the following telephone numbers: From inside the US: 1-800-342-9647, outside the US: (country access code) 800-3429-6477 (dial all 11 numbers) or call collect from outside US: 484-530-5947, TTY/TTD: 800-346-9188 and En espanol, llame al 877-989-5392. Telephones are answered live, without any automated system. Military OneSource offers a web-site at www.militaryonesource.com (user id: military; password: onesource) for information on a variety of topics and issues. Users may use the website to order educational materials (booklets, cds, etc.) at no charge.

Can single service members use this service? Can single service members use this service with a girl/boy friend? Single service members may use all Military OneSource services. If a non-married couple wishes to seek counseling as a couple, Military OneSource will cover the service member's costs. The non-married partner is financially responsible for their portion of the sessions.

What services are available for my use? *TRICARE behavioral health services are separate from Military OneSource services. Although counseling services can be provided under both programs, authorizations for each program are separate and do not overlap. Individuals should consult with a TRICARE rep when considering services that are otherwise part of their regular TRICARE benefits. Since this program and the TRICARE benefit do have similar benefits, it is wise to ensure that all processes are followed correctly for each program so no additional costs are incurred and issues relating to the patient's care and diagnosis can be provided to their PCM and followed by the appropriate provider.*

Military OneSource assistance includes:

- Parenting and Child Care
- Relocation
- Emotional Well-being
- Addiction and Recovery
- Work Concerns
- Elder Care
- Military Life
- Life-Issues Library and Pre-Paid Materials
- Education
- Financial and Legal Concerns
- Health and Fitness
- Adult or child special needs
- Crisis Support
- TRICARE "warm transfers"
- Everyday Issues

REVISED FINANCING QUESTION

By Lynn Kanwischer, Chief, Program Analysis and Evaluation

Question: Under the new revised financing rules being used in the Next Generation of TRICARE's, what is the process for paying medical treatment facility (MTF) Prime enrollee and active duty private sector- care claims?

Answer: The military services provide funding authority to the TRICARE Management Activity (TMA) to pay for MTF Prime enrollee private sector claims. This includes MTF Prime enrollee care and the Supplemental Health Care Program. TMA will pay, on a reimbursable basis, MTF Prime enrollee private sector healthcare claims and provide detailed data supporting these payments to the MTFs and the Services. TMA will bill the Services on a monthly basis. The Services will repay TMA the entire amount of TMA's monthly bill. The MTFs maintain responsibility for enrollee health care costs. All claims for referred active duty healthcare received in the private sector will be paid by TMA-Aurora after Humana Military Healthcare Services (HMHS) submits claims for this healthcare. **If the active duty member is an enrollee of the referring MTF, the cost for the purchased care will be charged against the MTF's purchased care account. If the active duty member is not an enrollee of the referring MTF, the cost for the purchased care will be charged against the respective Service's purchased care account.** The Service Surgeons General and TMA have agreed to this new centralized payment process in a Memorandum of Agreement. The name for this new process is the Revised MTF Prime Enrollee Claims Payment Process.

EVER HEAR OF MEDICARE PART D? Here's a look at the new program:

By Janet Bryant, TRO-S BCAC

Beginning January 1, 2006, Medicare prescription drug coverage plans will be available to beneficiaries with Medicare under the Medicare Part D program. Dual-eligible and TRICARE for Life beneficiaries will have the option to use this program. TRICARE Management Activity will send information to TRICARE beneficiaries regarding the TRICARE Pharmacy Program coverage compared to the new Medicare Pharmacy Benefit coverage.

Costs: Members who join the Medicare Pharmacy Benefit plan will pay a monthly premium of $37 and share in the costs of the prescriptions. Members must also meet an annual deductible of $250. Once the annual deductible is met, Medicare will pay 75% of the prescription costs until a cost cap of $2,250 is reached. At that point, Medicare will not cover any prescription costs until members have reached $3,600 in out-of-pocket expenses. At that point, Medicare will once again pick up prescription payments and pay 95% of the prescription costs and members will pay the remaining 5%.

Comparisons: Medicare Pharmacy Benefit requires an annual deductible whereas the TRICARE Pharmacy benefit does not (unless Prime beneficiaries use a non-network pharmacy). All TRICARE beneficiaries (to include TRICARE For Life) pay the same costs per prescription when purchased outside of the Military Treatment Facility (unless the beneficiaries use non-network pharmacies).

If members join after May 16, 2006, monthly premiums may be higher. Also, if members have limited incomes, extra help may be available from the Social Security Administration. Continued use of Medicare-approved discount prescription cards are permitted until May 15, 2006 or until members join a drug coverage plan. Once they join, however, members cannot use the prescription discount card.

HUMANA MILITARY
HEALTHCARE SERVICES

USING TIP ON-LINE TO MONITOR HUMANA'S ENROLLMENT PROCESS

TIP on-line is a great way for an MTF to monitor Humana's Enrollment Process. One place to obtain enrollment information is through the TRICARE Report Gallery. Click on "required reports" and then on "enrollment" to access two enrollment reports that provides summary enrollment data on enrollment to PCMs. One report (ZUENR110R) shows the number of enrollees assigned to each network PCM in the South Region and one report (ZUENR210R) shows the number of enrollees assigned to each direct care PCM. Active duty enrollees are not included in these numbers. Active duty enrollee numbers can be obtained through M2 or through the enrollment reports on the TRICARE Operations Website: http://toc.tma.osd.mil/cgi-bin/broker.exe.

For those with access, the TIP Ad Hoc report also provides some excellent enrollment information. Click on "TIP Ad Hoc – Query of the HMHS TRICARE Data Mart", then click on "Access TIP Ad Hoc Information Objects", and then click on "Enrollment". You can obtain current enrollment by the following categories: MTF DMIS ID (ZMENR100I), MTF PCM ID (ZMENR101I), Beneficiary Zip code (ZMENR200I), Beneficiary Primary Service Area (AMENR201I), Civilian PCM ID (ZMENR202I), Civilian PCM Zip Code (ZMENR250I), Sponsor SSN (ZMENR300I), and Beneficiary Last Name (ZMENR301I). PCM history information can also be obtained by Sponsor SSN (ZMENR400I) and DMIS ID (ZMENR401I). A new report just added to the web site is Current Enrollment for TRICARE Prime Remote (AMENR500I). Authorized users can drill down in these Ad Hoc reports to obtain detailed patient information.

HUMANA'S ENROLLMENT ASSIGNMENT RULES DATABASE (HEARD) AND THE PRIMARY CARE MANAGER (PCM) WEB APPLICATION

The HEARD contains information which facilitates enrollment of the TRICARE Prime beneficiaries to Primary Care Managers (PCMs) by name at MTFs and Clinics. Through the HEARD, MTFs provide PCM assignment rules to Humana so that enrollees to the direct care system can be effectively enrolled to MTF PCMs. In addition to establishing these rules, designated MTF personnel can enter instructions for the mass reassignment of beneficiaries enrolled to specific PCMs. MTFs can also update in HEARD, zip codes for inclusion or exclusion as a mandatory enrollment zip code if capacity exists in the MTF. It is vitally important for the MTFs to keep the rules and zip codes up to date to ensure that Humana maximizes care in the MTF. Up to date information in the HEARD will greatly facilitate the enrollment process and reduce the direct telephonic communications between Humana enrollment clerks and the MTF staff. Humana is now entering enrollment numbers weekly in HEARD for active duty service members and their dependants and non-active duty members and their family members. These numbers can be found on the DMIS Facility Enrollment Inquiry page.

The HEARD and the PCM Web Application are intricately related tools to allow Humana to have a more effective PCM assignment program. MTFs are encouraged to continue to make effective use of the PCM Web Application which allows MTFs to manage the capacity of their PCMs. Each MTF should have gained access to this application during the transition period to the Next Generation of Contracts. This application provides the mechanism for identifying PCM capacities to Humana. When an MTF makes changes to their file and tables, these changes must be sent to DEERS. The MTF uses the PCM Web Application tool to determine if the changes are reflected in DEERS. If an MTF ignores this application, they will not know if Humana is using the adjusted capacities.

HUMANA MILITARY
HEALTHCARE SERVICES

WAIVERS FOR NEWBORN AND NEWLY ADOPTED CHILDREN

HA Policy 04-020 changed the period that sponsors have to enroll their new born and newly adopted children from 120 days to 60 days effective 01 Jan 05. This policy also gave the TRICARE Regional Directors the authorization to waive the enrollment period up to 120 days on a case by case bases for unusual circumstances that prevent a sponsor from enrolling these children within the 60 day period.

MTF beneficiary counselors are encouraged to have sponsors requiring a waiver to send a waiver request to the Regional Director, TRICARE Regional Office South, Attn: Enrollment Section, 7800 IH 10 West, Suite 400, San Antonio, TX 78230-4761. Waiver request forms can be obtained by calling (210) 292-3215.

PROVIDER REPORTS AVAILABLE

MTF Staff are reminded that there are a number of reports available on the Humana website (www.humana-military.com) Selecting DoD Resources, then MTF Services, TRICARE Report Gallery, then Required Reports provides a multitude of reports under the primary headings of Education, Enrollment, HAL, Provider, Quality Management and Utilization Management. Some examples include a Projected Briefings Schedule (under Education), monthly network adequacy reports and an up to date list of network providers (under Provider), and Right of First Refusal (ROFR) reports (under Utilization Management). Network Provider Discount Reports are also available for your MTF's Prime Service Area (PSA).

PROVIDER DIRECTORY

Humana Military Healthcare Services (HMHS) continues to work on validating and correcting the listing of providers on the "Find a Provider" link on the website. This process requires Humana provider representatives to call each and every provider in their Prime Service Areas (PSAs) to ensure the provider is still accepting TRICARE, address and phone number are correct, and to eliminate multiple listings where feasible. Many times multiple listings are necessary, as providers practice out of several locations, and a beneficiary would want to view the closest location to their home address.

How should MTF personnel report provider directory discrepancies? MTF Personnel should contact the Contract Liaison Officer located at the MTF. The CL will then notify the TRICARE Service Center (TSC) manager and request the appropriate corrections. If unable to get resolution through this process, contact 210-292-3243.

HUMANA MILITARY
HEALTHCARE SERVICES

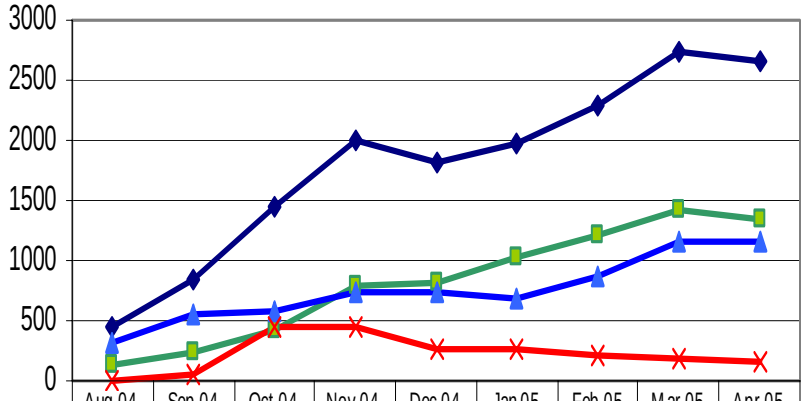
RIGHT OF FIRST REFUSAL

The ROFR process is very important to the system. It enables the MTF providers to continue to sharpen their skills to support the readiness mission and helps to maximize the TRICARE benefit for our deserving beneficiaries as it relates to out-of-pocket costs.

A successful Right of First Refusal (ROFR) is a coordinated, collaborative process between the Military Treatment Facility (MTF) and Humana Military Healthcare Services (HMHS). The MTFs determine their capabilities, and these capabilities can be updated at any time by notifying the HMHS TRICARE

Service Center Manager. Although an MTF may be very specific about their capabilities even down to specific diagnosis and CPT codes, HMHS recommends an MTF widen the net in order to increase their ROFR opportunities. Although most referrals contain only limited clinical information, HMHS insures at a minimum, the diagnosis and reason for the request is included on the ROFR form along with any additional clinical information provided. To minimize delay in patient care, the MTF has one working day for non-urgent care, after receiving the ROFR form, to notify us of their decision before HMHS will approve the referral to the MTF if accepted or to the network if the MTF denies or does not respond within the specified time-frame. Based on a TRICARE Management Activity memo dated 23 march 2005 MTFs should provide near-immediate (not to exceed 30 minutes) acceptance or declination of ROFRs for urgent care. Any covered benefit and or medical necessity review is completed after the ROFR process and before releasing to the network.

The following chart shows the steady progress made in number of ROFRs offered and accepted, as well as decreases in no response. HMHS looks forward to continued progress, collaboration and success in this process as we move forward into option year 2.



	Aug 04	Sep 04	Oct 04	Nov 04	Dec 04	Jan 05	Feb 05	Mar 05	Apr 05
Offered	448	833	1441	1991	1813	1980	2279	2740	2648
Accepted	125	226	421	787	806	1037	1211	1408	1333
Rejected	314	565	578	750	750	680	868	1159	1153
No Response	9	42	442	454	257	263	200	173	162

HUMANA MILITARY
HEALTHCARE SERVICES

A BEST PRACTICE

We want to take this opportunity to recognize the outstanding performance of one of our TRICARE South MTFs.

Naval Hospital Jacksonville has developed a CHCS-based internal process for reviewing and responding to ROFR opportunities. Despite receiving 558 ROFR requests in March and 450 ROFR requests in April, Jacksonville's "no response" rate has been ZERO for these past two months.

Hats off to Jacksonville for this best practice!

AN UPDATE ON CONTINGENCY PLANNING

Contingency planning is our defense against the unforeseen events that periodically plague the Military Health System. An up-to-date Contingency Plan can provide the direction necessary to prevent or mitigate the impact to the delivery of healthcare. When HMHS and the MTF build or update the Contingency Plan here are a few things to consider:

1. What is the capacity of the network to absorb the care the MTF can not provide?
2. How will the MTF refer to the network?
3. What are the barriers to getting on base?
4. Is the contingency going to be long enough to consider MTF staff augmentation or replacements?
5. Are Exhibits 1 and 4 of the Contingency Plan current and do they reflect the needs of the MTF in contingency planning?

Although not all inclusive these are some things that should be considered when updating the Contingency Plan.